

Comrie Golf Club Membership application Form

I hereby apply to be considered for membership of **COMRIE GOLF CLUB** in the following category

FULL (PH6) STUDENT (16-25) COUNTRY (Outside PH6) JUNIOR (Under 16) SENIOR (Over 80)
(Circle as appropriate)

SURNAME TITLE. Mr/Mrs/Miss/Other

CHRISTIAN NAMES

ADDRESS.....

..... TOWN

POSTCODE..... TELEPHONE

E-MAIL ADDRESS

DATE OF BIRTH

PRESENT CLUB PLAYING HANDICAP

If I am accepted I agree to abide by the Club's Constitution and local rules.

SIGNATURE DATE.....

We have pleasure in proposing and seconding the above applicant

PROPOSER SIGNATURE

ADDRESS

..... DATE

SECONDER..... SIGNATURE

ADDRESS

..... DATE

FOR OFFICE USE ONLY

Date Accepted Fees Received Entered onto Club Records

Membership Disc Sent

Return Completed Form to: The Club Manager, Comrie Golf Club, Laggan Braes, Comrie, Perthshire. PH6 2LR